PREGNANCY RISK ASSESSMENT MONITORING SYSTEM

A survey for healthier babies in New Jersey

# Births from Unintended Pregnancy In New Jersey

Unwanted and mistimed pregnancies have important consequences for the health of children and mothers and the well-being of families, whether those pregnancies result in birth or are terminated. The negative effects of childbirth at inappropriate ages or with inadequate spacing are well documented (see *Resources*). New Jersey's newly launched PRAMS survey asked mothers who gave birth in 2002 and 2003 about these dimensions of their intention:

- Whether they were "trying" to become pregnant at the time they did
- Use of contraception at the time they became pregnant, for those who were not trying
- Whether they would have preferred to become pregnant later, or not at all

These questions allow us to explore differences between *mistimed* pregnancies (response: "I wanted to be pregnant later") and *unwanted* pregnancies ("I didn't want to be pregnant then or any time in the future"). In this report, *unintended* pregnancies combine those either mistimed or unwanted according to the last question, and that resulted in a live birth.

Figure 1 below presents an overview of the scope of unintended pregnancy resulting in births to New Jersey mothers. Overall, an estimated one out of every three births were either mistimed (26%) or unwanted (8%) pregnancies, accounting for tens of thousands of births each year. While births to teens and women under 25 were very likely to be the result of unintended pregnancies, the problem was also common for women in all other age groups. Among women aged 25-34, the most typical and safest years for childbearing, mistimed

***NJ-PRAMS is a joint project of the New Jersey Department of Health and Senior Services and the Centers for Disease Control and Prevention (CDC). Information from PRAMS is used to help plan better health programs for New Jersey mothers and infants—such as improving access to high quality prenatal care, reducing smoking, and encouraging breastfeeding. ▫ One out of every 33 mothers are surveyed each month, when newborns are 2-6 months old. Survey questions address their feelings and experiences before, during and after their pregnancy. ▫ In 2002 and 2003, 3,104 mothers were interviewed with a 72% response rate. The results reported here are based on preliminary data. (For more information about PRAMS and its operations, see* Contact PRAMS *below.)***

**Figure 1. Unintended Pregnancies Resulting in Childbirth**

| | *Mistimed pregnancies* | | *Unwanted pregnancies* | |
|---|---|---|---|---|
| | *proportion of all births* | *estimated annual frequency* | *proportion of all births* | *estimated annual frequency* |
| All births | 26% (1%) | 26,783 - 29,318 | 8% (1%) | 7,608 - 9,061 |
| Age 15 to 19 | 65% (4%) | 0 - 9,819 | 10% (2%) | 0 - 3,991 |
| Age 20 to 24 | 46% (3%) | 3,997 - 11,119 | 9% (1%) | 0 - 3,433 |
| Age 25 to 34 | 22% (1%) | 11,967 - 15,157 | 6% (1%) | 2,667 - 4,376 |
| Age 35 and older | 12% (2%) | 458 - 4,731 | 12% (1%) | 651 - 4,553 |
| First birth to mother | 28% (1%) | 10,687 - 14,703 | 3% (1%) | 702 - 2,212 |
| Second birth | 22% (1%) | 5,750 - 9,909 | 5% (1%) | 818 - 2,841 |
| 2 or more prior births | 28% (2%) | 4,834 - 10,218 | 19% (2%) | 2,841 - 7,256 |

*Standard errors in ( )*

pregnancy accounted for more than one of every five births. Starting a family according to a set plan is not easy: 28% of births that were the mother's first were reported mistimed.

As women age or complete their plans for family size, mistimed pregnancies were displaced by those never wanted. Among births to women aged 35 or older, 12% were unwanted pregnancies. Even more striking, 19% of births to women who already had two or more children were unwanted pregnancies. Overall, 61% of unwanted births were to women who already had two children (data not shown).

Unintended pregnancies are often discovered later, and women are in general less prepared for a healthy pregnancy. Among New Jersey women (Figure 2), late prenatal care, inadequate weight gain and binge drinking immediately prior to conception (primarily among younger mothers) were more likely for unintended pregnancies.

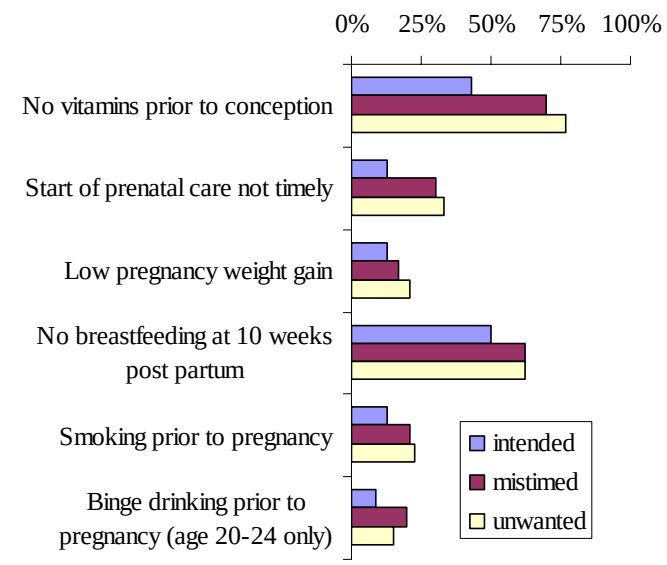
Among both mistimed and unwanted pregnancies, 40% of women did not have health insurance before they became pregnant.

Contraception was not completely effective in preventing unintended pregnancies. In 40% of mistimed pregnancies and 45% of unwanted pregnancies, women said they were using contraception when they became pregnant.

Socioeconomic status affects the risk of unintended pregnancy strongly:

- Among women with some college education, 76% of births were intended pregnancies, 18% were mistimed, and 5% were unwanted. Among women with high school education, 32% of births were mistimed and 11% unwanted.
- Women receiving public assistance such as TANF reported 38% of their births as intended, 43% as mistimed and 18% as unwanted.
- Contrary to myth, however, these poor women accounted for only 15% of mistimed and 20% of unwanted pregnancies.

**Figure 2. Unintended Pregnancy and Its Maternal Health Consequences**




## Agenda for Action

The right of women to have the desired number of children at chosen times is endorsed by many nations and international health organizations, and contributes to the health of mothers and newborns. One *Healthy People 2010* goal is to reduce unintended pregnancies to 30% of all pregnancies. Births from mistimed pregnancy in particular are more prevalent in New Jersey than is appreciated—or desirable—in every social stratum.

Improving contraception access and its effective use is one important response to the high rates of unintended pregnancy illuminated by PRAMS. Prospective parents and their health care providers also need to adopt the orientation that family planning and preparedness for pregnancy are essential to newborn health. Finally, we need to reexamine and enhance the systems of health insurance and health care delivery that have the potential to make that orientation a reality.

## Resources

Publications page of the Alan Guttmacher Institute. http://www.guttmacher.org/sections/

Kost K, Landry DJ, Darroch JE (1998). The effects of pregnancy planning status on birth outcomes and infant care. *Family Planning Perspectives*, 30(5): 223-230.

A Guide to Family Planning Services in New Jersey: The Gateway to Comprehensive Health Care. http://www.state.nj.us/health/fhs/famplan.htm

Perinatal Health Services Program, Maternal, Child and Community Services. (609) 292-5616

**Contact NJ-PRAMS**

**http://www.nj.gov/health/fhs/pramsindex.shtml**

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